

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27988
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Warren Primary Registration District No. 1002 Registered No. 3299
 (c) City Kansas City (d) Street No. General Hospital # 2
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Josie Hatcher Boyd
 (a) Residence, No. 1079 Harrison St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Boyd
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1883
 7. AGE YEARS 55 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1938
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, 19____
 I last saw him _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
 13. NAME Don't know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT (ADDRESS) Robert Boyd
1079 Harrison
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill Cem. DATE Aug. 22, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) West, Appleton & Sons
1905 Vine St
 20. FILED Aug 21 1938 M. M. Brown
 Local Registrar.

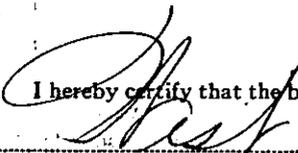
Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes
 23. If death was due to external causes (injury), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Fusell M. D.
 (Address) _____

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

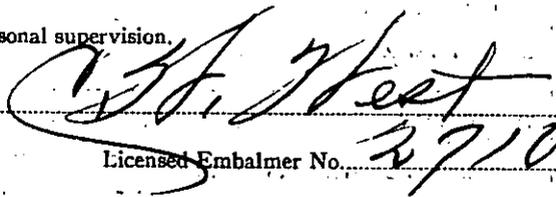
BY-LAW NO. 101 OF THE BOARD OF EMBALMERS
FOR THE STATE OF CALIFORNIA
PAGES 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed 

Licensed Embalmer No. 2710

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.